



## READER EVALUATION

### Division of Health Assessment and Consultation

*This questionnaire is designed to help us improve our communications. We would like to know if we have presented our findings clearly. Thank you for taking the time to respond.*

- 1) Did you read the entire report? ☐ Yes ☐ No  
If not, which topics did you read about? (Check all that apply.)  
☐ Summary ☐ Environmental Exposure ☐ Health Effects ☐ Conclusions/Actions  
☐ Community Concerns

- 2) How long did it take you to read the report?  
☐ Less than 2 hours ☐ 2-4 hours ☐ More than 4 hours

### CONCLUSIONS

- 3) Did our report clearly say if people have come into *contact* with contamination?  
(Contact means to eat, drink, breathe or touch.) Check all that apply.  

<i>Soil</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> Possible	<input type="checkbox"/> No	<input type="checkbox"/> Unclear	<i>Air</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> Possible	<input type="checkbox"/> No	<input type="checkbox"/> Unclear
<i>Water</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> Possible	<input type="checkbox"/> No	<input type="checkbox"/> Unclear	<i>Food Chain</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> Possible	<input type="checkbox"/> No	<input type="checkbox"/> Unclear
- 4) Did our report clearly say if health effects are likely from contact?  

<i>Soil</i>	<input type="checkbox"/> Likely	<input type="checkbox"/> Unlikely	<input type="checkbox"/> Unclear	<i>Air</i>	<input type="checkbox"/> Likely	<input type="checkbox"/> Unlikely	<input type="checkbox"/> Unclear
<i>Water</i>	<input type="checkbox"/> Likely	<input type="checkbox"/> Unlikely	<input type="checkbox"/> Unclear	<i>Food Chain</i>	<input type="checkbox"/> Likely	<input type="checkbox"/> Unlikely	<input type="checkbox"/> Unclear

### RECOMMENDATIONS

- 5) Did our report clearly indicate what we recommend be done next? (Check all that apply.)  
☐ Collect more data ☐ Restrict or reduce exposure ☐ Health Study ☐ Health Education  
☐ No action at this time

### CONTENT

- 6) Does the information in the report support our conclusions and recommendations? ☐ Yes ☐ No

Comments: \_\_\_\_\_  
\_\_\_\_\_

- 7) Did you receive this report in the context of your job? ☐ Yes ☐ No  
If yes, was enough information provided to allow you to take action? ☐ Yes ☐ No  
If you needed more information, what kind? ☐ Environmental Exposure ☐ Health Effects

Comments: \_\_\_\_\_  
\_\_\_\_\_

- 8) Were your health questions answered in the assessment? ☐ Yes ☐ No

If no, what questions do you have? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9) Is there information in the report that you found confusing? (Check all that apply.)

☐ Summary ☐ Environmental Exposure ☐ Health Effects ☐ Conclusions/Actions ☐ Community Concerns

Comments: \_\_\_\_\_  
\_\_\_\_\_

10) Is there information in the report that you found unnecessary? (Check all that apply.)

☐ Summary ☐ Environmental Exposure ☐ Health Effects ☐ Conclusions/Actions ☐ Community Concerns

Comments: \_\_\_\_\_  
\_\_\_\_\_

11) Which of these categories would best describe you?

- ☐ 1) Concerned member of the community  
☐ 2) Government employee  
☐ 3) Health care professional  
☐ 4) Other (please specify) \_\_\_\_\_

12) How did you obtain your copy of the report?

- ☐ 1) Mailed to you by ATSDR.  
☐ 2) Went to the library to use the copy filed there.  
☐ 3) Received from a friend.  
☐ 4) Other (please specify) \_\_\_\_\_

Are there any other comments you would like to make about the report?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please fold in thirds with address on outside, tape closed, and mail back to us. No postage is required. Thank you for responding.*

Public reporting burden of this collection of information is estimated to average 15 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to PHS Reports Clearance Office: ATTN: PRA (0923-0016); Hubert H. Humphrey Rm 737-F; 200 Independence Ave., SW; Washington, DC 20201. This collection is authorized by law (42 U.S.C.9604(i)).



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NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

PRIORITY



**BUSINESS REPLY MAIL**

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Postage Will Be Paid by Department of Health and Human Services

Agency for Toxic Substances and Disease Registry

Division of Health Assessment and Consultation

Attn: Chief, PERIS Branch

Mailstop E56

1600 Clifton Road, N.E.

Atlanta, GA 30333

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service  
Centers for Disease Control and Prevention  
Atlanta, Georgia 30333

Return After Five Days

OFFICIAL BUSINESS  
Penalty for Private Use \$300